

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/646985**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		3					54						
5		4					55						
6		5					56						
7		6					57						
8		7					58						
9		8					59						
10		9					60						
11		10					61						
12	1						62						
13		1					63						
14		2					64						
15		3					65						
16		4					66						
17		5					67						
18		6					68						
19		7					69						
20		8					70						
21		9					71						
22		10					72						
23		11					73						
24		12					74						
25		13					75						
26		14					76						
27		15					77						
28		16					78						
29		17					79						
30		18					80						
31		19					81						
32		20					82						
33		21					83						
34		22					84						
35		23					85						
36		24					86						
37		25					87						
38		26					88						
39		27					89						
40		28					90						
41		29					91						
42		30					92						
43		31					93						
44		32					94						
45		33					95						
46		34					96						
47		35					97						
48		36					98						
49		37					99						
50		38					100						
TOTAL IND.	1		2				TOTAL IND.						
TOTAL DEP.		17					TOTAL DEP.						
TOTAL CLAIMS		18					TOTAL CLAIMS						